

Texas Department of Agriculture
Commissioner Sid Miller
Pesticide Applicator Record

Business Name _____ **Address** _____

Application Date	Time Started	Name of the person for whom the application was made	Location of Land Treated		Site Treated	Wind Direction	Wind Velocity	Air Temp
Product Trade Name		EPA Registration Number	Target Pest	Rate of Product Per Unit	Equipment ID #	Spray Permit Number		
Licensed Applicator's Name and License Number			Unlicensed Applicator's Name, if applicable		Total Acres or Volume of Area Treated	Total Volume of Spray Mix, Dust, Granules or Other Materials Applied Per Unit		
Additional Information								

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